

Crisis Only Utilization Rates Per Client - Non-Medicaid Population by RSN

Operational Definition: Average number of crisis only service hours per non-Medicaid client in a Fiscal Year by RSN.

Operational Measure: This is calculated by dividing the number of crisis only hours of service to non-Medicaid clients by the number of Medicaid clients only receiving crisis services in a Fiscal Year by RSN.

Formulas:

Number of crisis only outpatient hours to non-Medicaid clients in Fiscal Year by RSN

Number of non-Medicaid clients receiving outpatient crisis only services in Fiscal Year by RSN

Discussion: The average number of crisis only service hours per non-Medicaid client is decreasing across the 3 fiscal years. This is due to the change in crisis service reporting by King RSN.

Data Notes:

- Crisis services are defined as services reported by RSNs to the MHD using codes contained in the Medicaid State Plan Modality Crisis Services.
- King RSN included 24-hour crisis services in their reporting of crisis services, which inflated the number of crisis-only services in CY2003. This inconsistency has been corrected, but impacted FY03 and half of FY04.
- RSN counts show the number of unduplicated clients within each RSN (i.e. a person is counted once in each RSN where they receive services).
- The State total is unduplicated across all RSNs (i.e. each person is only counted once in the Statewide total even though they can be counted in more than one RSN).
- In FY2005, Peninsula RSN shows an increase in crisis only services due to an increased reporting of CDMHP phone calls.
- For the calculation of utilization rates, a service is considered Medicaid funded if the client was Medicaid enrolled at the time the service was delivered. A service is considered non-Medicaid if the client was not enrolled in Medicaid at the time the service was delivered.
- For penetration rates, a client is counted in the Medicaid served population if they were Medicaid enrolled and received a service at any point during that Fiscal Year. If a client falls on and off of Medicaid eligibility within the same Fiscal Year, they were counted in both the Medicaid and non-Medicaid served populations. Adding the Medicaid and non-Medicaid clients served produces a duplicated count of clients served.

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RSN	FY-2003			FY-2004			FY-2005		
	Served	Total Hours	Avg. Hours	Served	Total Hours	Avg. Hours	Served	Total Hours	Avg. Hours
Northeast	55	121	2.2	27	56	2.1	91	216	2.4
Grays Harbor	166	206	1.2	203	465	2.3	261	407	1.6
Timberlands	188	201	1.1	240	553	2.3	297	399	1.3
Southwest	295	296	1.0	294	501	1.7	320	531	1.7
Chelan/ Douglas	150	165	1.1	134	147	1.1	274	438	1.6
North Central	42	41	1.0	55	64	1.2	73	111	1.5
Thurston/ Mason	649	876	1.4	474	870	1.8	630	1,111	1.8
Clark	514	1,355	2.6	653	1,936	3.0	904	1,805	2.0
Peninsula	479	1,018	2.1	482	808	1.7	862	1,251	1.5
Spokane	330	535	1.6	496	4,779	9.6	737	3,736	5.1
Greater Columbia	971	1,755	1.8	1,200	1,931	1.6	1,663	2,758	1.7
Pierce	2,552	15,630	6.1	2,590	18,884	7.3	2,395	19,393	8.1
North Sound	1,323	1,468	1.1	2,329	6,444	2.8	2,567	7,203	2.8
King	3,126	108,770	34.8	3,338	42,533	12.7	2,823	12,019	4.3
MHD/ Unassigned	3	2		6	11		2	3	
Statewide	10,769	132,438	12.3	12,409	79,982	6.4	13,767	51,379	3.7

